

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42963

State File No. \_\_\_\_\_

FILED NOV 27 1957

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>317</u>  |  | PRIMARY REG. DIST. NO. <u>547</u>   |  | Registrar's No. <u>2753</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST LOUIS</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>✓</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>RICHMOND HEIGHTS</u>   |  | c. LENGTH OF STAY (in this place)<br><u>1 hr</u>   |  | c. CITY OR TOWN <u>ST. LOUIS</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>33 ST. MARYS HOSPITAL</u>   |  |  |  | e. STREET ADDRESS (If rural, give location)<br><u>4670 3620 HOLT AVE</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>BOBY</u>  |  | b. (Middle)  |  | c. (Last) <u>KOBY</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>11 3 57</u>   |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>  |  | 7. MARRIED, NEVER MARRIED, <u>NEVER MARRIED</u><br>WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH <u>11-3-57</u>  |  |
| 9. AGE (In years last birthday)   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>CHILD</u> |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>RICHMOND HEIGHTS MO</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>  |  |
| 13a. FATHER'S NAME<br><u>MARVIN KUBY</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>CELESTE O. DANIELS</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>NONE</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)<br><u>NO</u>   |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>MARVIN A. KOBY</u>  |  | ADDRESS<br><u>3620 HOLT AVE</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>20 1/2 - 21 weeks gestation</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>776X</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1</u>  |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? <input checked="" type="checkbox"/><br>YES <input type="checkbox"/> NO <input type="checkbox"/>                         |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>     |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>11-3, 1957</u> to <u>11-3, 1957</u> , that I last saw the deceased alive on <u>11-3, 1957</u> and that death occurred at <u>3:43 PM</u> , from the causes and on the date stated above.   |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Erwin T. Huber, M.D.</u>   |  |  |  | 23b. ADDRESS<br><u>111 South Wrenn</u>  |  | 23c. DATE SIGNED<br><u>11-5-57</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>11-5-57</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>MT. OLIVE CEMETERY</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS COUNTY MO</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>11-5-57</u>  |  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Donke</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Arnold Michel</u>  |  | ADDRESS<br><u>5930 Southward</u>   |  |

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Not Embalmed*  
*Howard Michael Pennell*

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.  
If this body is not embalmed, fact should be so stated above.